



Attorney Docket No.

Patent
032722-594RCE/3763
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Arthur Gershowitz

Group Art Unit: 3763

Application No.: 10/082,098

Examiner: MATTHEW F DESANTO

Filing Date: February 26, 2002

Confirmation No.: 8586

Title: RETROGRADE CANNULA HAVING AUTOMATICALLY INFLATABLE BALLOON

REQUEST FOR CONTINUED EXAMINATION
TRANSMITTAL LETTER

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number 21839

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the

☐ \$385.00 (2801) ☒ \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).

1. ☐ A. Applicant(s) requests that any previously unentered after final amendments not be entered.
Continued examination is requested based on the enclosed documents identified in item 2 below.

- ☒ B. Applicant(s) previously submitted the following documents for which continued examination is requested:

☒ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on April 20, 2004☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____☐ Other: _____

2. The following documents are enclosed with this submission:

- ☐ Amendment/Reply.
☐ Affidavit(s)/Declaration(s).
☐ Information Disclosure Statement (IDS).
☒ A Petition for Extension of Time.
☐ Other: _____

05/24/2004 HALI11 00000003 10082098

01 FC:1801 770.00 OP

3. ☐ Small entity status is hereby claimed.
☒ No additional claim fee is required.
☐ The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

CLAIMS					
	No. of Claims	Highest No. of Claims Thus Paid For	Extra Claims	Rate	Fee
Basic Application Fee (1001)					\$ 770.00
Total Claims	8	MINUS 20 =	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims	2	MINUS 3 =	0	x \$86.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$290.00 (1203)					
Total Fee					\$ 770.00
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Amendment Fee					\$ 0.00
TOTAL FEE DUE					\$ 770.00


4. ☒ A check in the amount of \$ 770.00 is enclosed for the fee due.
5. ☒ Charge _____ to Deposit Account No. 02-4800 for the fee due.
6. ☐ Charge _____ to credit card. Form PTO-2038 is attached.
7. ☐ Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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By 
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